

**Kentucky Department of Education
Teacher and Administrator Tribunal Member Application**

Name	Home Phone
Street Address	Cellular or Alternate Phone
City State Zip Code	Email Address

I am applying as a potential: ☐ Teacher Tribunal Member
 ☐ Administrator Tribunal Member

Do you currently hold a valid teaching certificate issued by the Education Professional Standards Board that is in good standing?

☐ Yes ☐ No If yes, provide the certificate number _____

Are you a retired educator who previously held a teaching certificate issued by the Education Professional Standards Board?

☐ Yes ☐ No If yes, provide the certificate number _____

Has your teaching certificate ever been revoked or surrendered as a result of revocation proceedings?

☐ Yes ☐ No If yes, provide the date(s) _____

Is your teaching certificate valid for the performance of administrative duties?

☐ Yes ☐ No

Provide your employment history as a teacher or administrator:

School District	City	State	Title	Dates of Employment

Were you previously selected for the pool of potential tribunal members?

☐ Yes ☐ No If yes, provide the dates you were included in the pool of potential tribunal members: _____

Describe why you wish to serve as a tribunal member:

Are you willing to accept assignment and travel to any Kentucky school district for a tribunal hearing?

☐ Yes

☐ No

If no, list the school districts to which you are willing to travel:

By signing this application, I swear or affirm that all of the information contained herein is true and correct to the best of my knowledge. I also understand that if selected for the pool of potential teacher or administrator tribunal members, I must complete the training requirements set forth in KRS 161.790 and 701 KAR 5:090.

Signature _____

Date _____

Send completed applications to:

Kentucky Department of Education
Office of Legal Services
300 Sower Boulevard, 5th Floor
Frankfort, KY 40601